

ISSUE SLIP STAPLE AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	h		01/2/01
O.I.P.E. CLASSIFIER		47	15/5/01
FORMALITY REVIEW	AM	917	07-17-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
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If more than 150 claims or 10 actions  
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